



Maryland Department of Health
Vital Statistics Administration

Maryland Electronic Death Registration

Medical Certifier Training Guide

November 2017

Version 4.0

Table of Contents

Getting Started with MD-EDRS	3
Creating a New Record	5
Entering the Medical Information	6
Validating the Medical Information	7
Attesting of the Certificate	9
Printing a Working Copy of the Certificate.....	12
Referring a Case to the Medical Examiner.....	13
MD-EDRS Help Desk Information.....	16

Getting Started with MD-EDRS

MD-EDRS functions similarly to typical online web applications. To use MD-EDRS, you will need:

- Internet connectivity
- A web browser
- Adobe reader (which may be downloaded at no charge from <http://www.adobe.com>)
- A laser printer
- A scanner (certain users only).

You will also need to configure your web browser to enable:

- Pop-ups; and
- JavaScript©

Configuring your website to allow for pop-ups will depend on which web browser you are using. If you are not able to see or print certificates after following the instructions, you should check whether your web browser is allowing pop-ups.

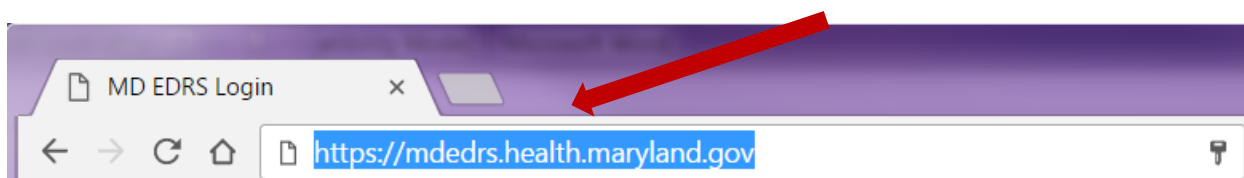


For information on enabling JavaScript© please go to <http://www.activatejavascript.org> for step-by-step instructions.

Logging onto MD-EDRS

1. To get started with the EDRS system, you will need to open your web browser and key in the following URL address: <https://mdedrs.health.maryland.gov>

FOR TRAINING PURPOSES, please go to the following URL address:
<https://mdedrs.health.maryland.gov/train>. **Please DO NOT ENTER ANY REAL CASES in this location.**



2. Enter the username and password which has been assigned to you by the MD-EDRS system administrator. Then click “Login.”

Maryland Department of Health
Vital Statistics Administration

Electronic Death Registration System

Welcome to MD-EDRS

Username:

Password:

Login

[Forgot password?](#)

You have reached the MD-EDRS TRAINING website.

This website should be used strictly for practice. To visit the live site, please click here:
<https://mdedrs.health.maryland.gov/>

****NOTE:** First time users will be prompted to change the password that was assigned. If prompted by your browser to save your password, please click “No”.

Please make a note of your username and password and store the information in a secure location. If you have more than 3 unsuccessful login attempts you will be locked out of the system and will need to contact your EDRS Facility Administrator or the Help Desk to have your password reset. After 3 unsuccessful login attempts, click on “Forgot password” and a link to reset your password will be sent to your email address of record.

Once you are logged in, the screen below will appear:

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

[Certificates](#) | [Reporting](#) | [Help References](#)

No default search filter found

Search Filter

Search Reset Saved Filters: -- Filter Name: Load Save

Last Name: First Name: Amended Last Name: Amended First Name:

AKA Last Name: AKA First Name: DTN: Certificate Number: SFN: Hospital Facility:

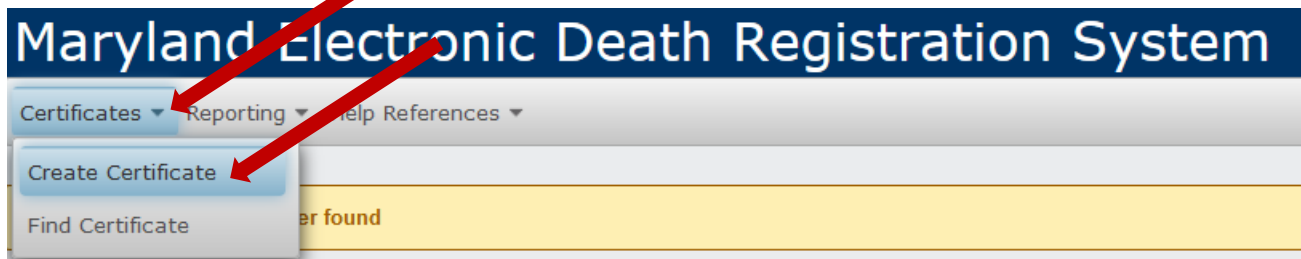
DOD From: DOD To: Creation From: Creation To: SR Date From: SR Date To: Record Status:

DC Workflow: Certifier Sign Status: ME Counter Sign Status: ME Ref #: MI Review: ME: Amend Status: Amend Workflow:

Search Results

Creating a New Record

1. Once logged in, click on the Certificate tab and then “Create Certificate”:



2. Confirm that the death is not a Medical Examiner case or that you have contacted the Office of the Chief Medical Examiner and have been instructed to create the certificate in MD-EDRS. Enter the decedent's information and click “Continue.”


Maryland Electronic Death Registration System

Certificates ▾ Reporting ▾ Help References ▾

Create New Certificate


The following types of cases must be reported to the Office of the Chief Medical Examiner at (410) 333-3271 BEFORE beginning an electronic death record:

1. Non-natural deaths (accidents, suicides, homicides);
2. Deaths involving an injury (including subdural hematoma);
3. Deaths involving a fracture;
4. Deaths involving the use of drugs and/or alcohol; and
5. Deaths related to environmental hypothermia or hyperthermia.

☒ I confirm that: 

This is not a medical examiner case, as described above; OR

I have contacted the Office of the Chief Medical Examiner and they have instructed me to create this certificate in MD-EDRS.

Decedent's Legal First Name: 

Legal Middle Name:

Legal Last Name: Suffix:


Date of Death (MM/DD/YYYY):

Time of Death (HHMM 24 hour):

Sex:

County of Death:


****NOTE:** If there are any records that have been started by other users for the same decedent in the system, they will show up in the “Potential Duplicate Record Browser”. If you find a match, click on the decedent's last name and complete the Medical Information section of the record

Potential Duplicate Record Browser 


Potential Duplicate Records were found. The record you started may already exist. Browse potential duplicates below, select an existing record, or continue the new record using this information:

Last Name	First Name	Date of Death	Attest Status	MI Review Status	ME Status	Certificate Number	Record Status
No records found.							

Other Potential Duplicates in Jurisdiction

Last Name	First Name	Date of Death	Creating Organization
DOE 	JANE	2015-02-25 00:00:00.0	FRAMPTON FUNERAL HOME BY THE COALE'S, P.A.

****PLEASE NOTE****

- A number of fields on the page will auto-populate.
- If Place of Death is inpatient, ER/Outpatient, DOA, Hospice, or Nursing home/long term care facility, items 4a and 4b will be automatically populated. Items 4a and 4b are only completed if place of death is “Decedent’s Home” or “Other.”
- If the Manner of Death is “Natural,” items 28a-28g will be blocked.
- Clicking on the  next to each item will provide explanatory information on completing the item.
- “Approximate interval between onset and death” and “Contributing Causes” are both required fields. If you have no information to report, or the information is unknown, enter a hyphen (-) or UNK.

Entering the Medical Information

3. Once the following screen appears, Click on the Medical Information tab on the bottom of the page.

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

The decedent's legal name is noted above. If applicable, enter an "also known as" (AKA) name.

1. Decedents AKA if applicable First Name: Middle Name: Last Name: Suffix: If applicable, prior to first marriage First Name: Middle Name: Last (Birth) Name: Suffix:

5. Social Security Number 6. Sex: FEMALE 7. Age Type: 8. Date of Birth: MM/DD/YYYY: 9. Place of Birth, Address Type: US STATE State: 10a. Usual Residence of Decedent: Address Type: US STATE State: 10b. County: 10c. City, Town, or Location 10d. Inside City Limits: 10e. Street Number: Street Name: Apt/Suite/Unit: 10f. Zip Code: 11. Marital Status: 12. Was Decedent Ever in U.S. Armed Forces: 13. Was Decedent of Hispanic Origin: 14. Race: White Black or African American American Indian / Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Specify: Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Other Specify: 15. Decedent's Education: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired):

Personal Information **Medical Information** Funeral Director Certificate View

4. The following screen will appear. You should complete the items on this page as you currently do on the triplicate paper copy of the Death Certificate.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

1. Decedent's Legal First Name: JANE Middle Name: M Last Name: DOE Suffix: --

2. Date of Death (MM/DD/YYYY): 01/05/2015

3. Time of Death: 0105

4c. County of Death: FREDERICK

26. Place of Death: -- Medical Facility: --

4a. Facility Name (if not an institution, enter the street number and name below): Street Number: Street Name: Apt/Suite/Unit:

4b. City or Town: Zip Code

23a. Part I

Enter the chain of events - disease, injuries, or complications - that directly caused the death, DO NOT enter terminal events (mode of dying), such as cardiac arrest, respiratory arrest, or ventricular fibrillation, without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Immediate Cause (Final disease Or condition resulting in death) a. Due to (or as a consequence of):

b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in the death) LAST.

Approximate Interval Between Onset and Death

Personal Information Medical Information Funeral Director Certificate View

Validating the Medical Information

5. After all of the information on the Medical Information tab has been entered, click on the Validation tab near the top of the screen and then on "Validate MI" to check for any errors. It may take a moment for the information to be validated.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

1. Decedent's Legal First Name: JANE Middle Name: M Last Name: DOE

2. Date of Death (MM/DD/YYYY): 01/05

3. Time of Death: 0105

Validate PI
Validate MI
Validate FD
Validate All
Medical Spell Check

6. If any errors are identified, they will be listed on the screen and should be corrected in order to proceed.

The screenshot shows the Maryland Electronic Death Registration System interface. At the top, there's a header with the system name and a user welcome message. Below the header, there are tabs for 'Certificate Options', 'Permit Options', and 'Validation'. The 'Validation' tab is selected. A red banner at the bottom of the form contains several error messages: 'Street Name of the person who completed the COD is required.', 'Last Name of the person who completed the COD is required.', 'First Name of the person who completed the COD is required.', 'Zip 5 of the person who completed the COD is required if US States is selected.', and 'State or Territory of the person who completed the COD is required if US States is selected.' A red arrow points to the first error message.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

Street Name of the person who completed the COD is required.
Last Name of the person who completed the COD is required.
First Name of the person who completed the COD is required.
Zip 5 of the person who completed the COD is required if US States is selected.
State or Territory of the person who completed the COD is required if US States is selected.

7. If necessary, click on the Validation tab and then “Validate MI” button again to be sure there are no additional errors.

The screenshot shows the same interface as before, but with the 'Validation' dropdown menu open. The menu options are: 'Validate PI', 'Validate MI', 'Validate FD', 'Validate All', and 'Medical Spell Check'. A red arrow points to the 'Validate MI' option.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

1. Decedent's Legal First Name: JANE Middle Name: M Last Name: DOE Suffix: --

2. Date of Death (MM/DD/YYYY): 01/05

3. Time of Death: 0105

Validate PI
Validate MI
Validate FD
Validate All
Medical Spell Check

8. When the information has been validated, a message indicating “Successfully Validated Medical Information” will appear. Click the Save[F8] tab to save the record.

The screenshot shows the same interface as before, but with a blue banner at the bottom of the form containing a success message: 'Successfully validated Medical Information.' A red arrow points to this message.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

Successfully validated Medical Information.

1. Decedent's Legal First Name: JANE Middle Name: M Last Name: DOE Suffix: --

9. The certificate should be reviewed thoroughly for errors before it is attested. To review the certificate's content, click on the Certificate View tab located at the bottom of the screen. This step can be completed at any time.

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

Certificate View

Enlarge Reduce

Printed on 01/15/2015 15:29:16 Certificate of Death Printed By: CERTIFIER, PHYSICIAN (PHYSICIAN) File Number

1. Decedent's Name, AKA Name (if any) JANE M DOE		2. Date of Death 01/05/2015		3. Time of Death 0105	
4a. Facility Name FREDERICK MEMORIAL HOSPITAL		4b. City, Town or Location of Death FREDERICK		4c. County of Death FREDERICK	
5. Social Security Number [REDACTED]		6. Sex F		7. Age [REDACTED]	
8. Date of Birth [REDACTED]		9. Birthplace [REDACTED]		10. Inside City Limits?	
11a. Address [REDACTED]		11b. County [REDACTED]		11c. Zip Code [REDACTED]	
12. Marital Status [REDACTED]		13. Ever in U.S. Armed Forces? [REDACTED]		14. Race [REDACTED]	
15. Decedent's Education [REDACTED]		16a. Decedent's Usual Occupation [REDACTED]		16b. Business/Industry [REDACTED]	
17. Father's Name [REDACTED]		18. Mother's Name Prior to First Marriage [REDACTED]		19. Surviving Spouse's Name [REDACTED]	
20a. Informant's Name [REDACTED]		20b. Informant's Relationship [REDACTED]		20c. Informant's Mailing Address [REDACTED]	
21a. Method of Disposition [REDACTED]		21b. Place of Disposition [REDACTED]		21c. Date of Disposition [REDACTED]	
21d. Location [REDACTED]		22a. Signature of Funeral Service Licensee [REDACTED]		22b. License No. [REDACTED]	
22c. Name and Address of Funeral Facility [REDACTED]		23a. Part I: Disease, Injury, or complication that directly caused the death CAUSE [REDACTED]		23b. Part II: Immediate Cause (that disease or condition resulting in death) [REDACTED]	
23c. Conditions, if any, leading to immediate cause [REDACTED]		23d. [REDACTED]		23e. [REDACTED]	

Personal Information Medical Information Funeral Director Certificate View

Attesting of the Certificate

10. If the Medical Certifier (physician, certified nurse practitioner, physician assistant) has personally entered the Medical Information, he or she may immediately certify the information by clicking on the Certificate Options tab and then on "Attest Certifier."

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

View Status Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

Save

Abandon Certificate

Grant Access

Refer to ME

Attest Certifier

Request MI Review

Edit Decedent Name

Edit Date of Death

Exit Electronic Workflow

Print Working Copy

First Name: JANE ?

Middle Name: M

Last Name: DOE Suffix: --

DD/MM/YY: 01/05/2015 ?

0105 ?

FREDERICK ?

INPATIENT ?

FREDERICK MEMORIAL HOSPITAL

11. When the following page appears, the Medical Certifier should check “Yes” and then “Continue.”

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | Profile | Logout

Certificates Reporting Help References

Attest Medical Information

To attest to the validity of the Medical Information for this record, confirm below and click the Continue button.

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

I, PHYSICIAN CERTIFIER, confirm that I am legally authorized to sign a death certificate and, to the best of my knowledge, the Death did occur at the hour, date, and place, and from the causes stated.

☒ Yes

A message will appear indicating that the certificate was successfully attested.

Maryland Electronic Death Registration System

Welcome, PHYSICIAN CERTIFIER | Profile | Logout

Certificates Reporting Help References

Certificate Options Permit Options Validation Save [F8]

1. First Name: JANE Middle Name: M Last Name: DOE 2. Date of Death: 01/05/2015 6. Sex: FEMALE Certificate: 447 Status: INC

Successfully attested certificate.

1. Decedent's Legal First Name: JANE ?

If the Medical Information was completed by a hospital/facility staff member who is NOT the Medical Certifier, the record should be saved, and the Medical Certifier must log onto the system **USING HIS OR HER OWN LOGON AND PASSWORD**, locate the record, and personally attest to the information on the certificate.

Transferring the Certificate to the Funeral Home

12. Transferring an electronic record can be done at various stages:

1. The Medical Certifier and/or staff may transfer a record to a funeral home any time after the record is first created.
2. It is not necessary to wait until the Medical Certifier has signed the record to make the transfer.
3. The Medical Certifier and the Funeral Director may work on the record concurrently.
4. The Medical Certifier and/or his or her staff may also transfer the record after it is signed by the Medical Certifier.

To transfer a record to a funeral home, select “Grant Access” from the Certificate Options tab.

The screenshot shows the 'Maryland Electronic Death Registration System' interface. A red arrow points to the 'Certificate Options' tab, and another red arrow points to the 'Grant Access' option in the dropdown menu. The main form displays patient information: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC.

If the funeral home is registered with MD-EDRS, the name will appear on the drop-down menu. If the name of the funeral home does not appear, please contact the help desk at EDRS.help@maryland.gov

The screenshot shows the 'Grant Access' screen. A red arrow points to the dropdown menu for 'Select the Funeral Home'. The list includes: ADAMS FAMILY FUNERAL HOME, ADAMS FUNERAL HOME, ADVENT FUNERAL & CREMATION SERVICES, INC, ANDREW K COFFMAN FUNERAL HOME, and ANTHONY E WARD FUNERAL HOME. The 'Continue' button is highlighted.

13. Select the funeral home and then click “Continue.”

This screenshot is identical to the previous one, showing the 'Grant Access' screen with the 'Continue' button highlighted. A red arrow points to the 'Continue' button.

14. You should receive a message that the record has been successfully transferred. The funeral home will now be able to access and complete the record.

The screenshot shows the 'Grant Access' screen with a success message: 'Successfully transferred certificate.' A red arrow points to this message. Below the message, the patient information is repeated: First Name: JANE, Middle Name: M, Last Name: DOE, Date of Death: 01/05/2015, Sex: FEMALE, Certificate: 447, Status: INC.

Printing a Working Copy of the Certificate

15. A printed "Working Copy" of the record should accompany the remains when transported to the funeral home. To print a Working Copy of the record, click on the Certificate Options tab and select "Print Working Copy."

Maryland Electronic Death Registration System Welcome, PHYSICIAN CERTIFIER | [Profile](#) | [Logout](#)

Certificates Reporting References

Certificate Options Permit Options Validation Save [F8]

View Status Middle Name: **M** Last Name: **DOE** 2. Date of Death: **01/05/2015** 6. Sex: **FEMALE** Certificate: **447** Status: **INC**

Save
Abandon Certificate
Grant Access
Refer to ME
Request MI Review
Exit Electronic Workflow
Print Working Copy

First Name: **JANE**
Middle Name: **M**
Last Name: **DOE**
Date of Birth: **01/05/2015**
FREDERICK
PATIENT

Medical Facility: **FREDERICK MEMORIAL HOSPITAL**

4a. Facility Name (if not an institution, enter the street number and name below): **FREDERICK MEMORIAL HOSPITAL**
Street Number: **400** Street Name: **WEST SEVENTH ST** Apt/Suite/Unit:
4b. City or Town: **FREDERICK**
Zip Code: **21701**

The following Working Copy of the Certificate of Death will appear. It will include all of the information that has been added to the record at the time the copy is printed, and can be printed at any time.

The Working Copy should accompany the remains when the deceased is transported to the funeral home.

****NOTE:** Printing the Working Copy on legal sized paper (8 ½ x 14) will make the certificate easier to view, although letter sized paper (8 ½ x 11) may also be used. Remember to enable pop-ups on your web browser in order to view and print the Working Copy.

Printed on 09/15/2015 15:29:16 Printed By CERTIFIER, PHYSICIAN (PHYSICIAN)
File Number

Certificate of Death			
1. Decedent's Name, AKA Name (if any) JANE M DOE		2. Date of Death 01/05/2015	3. Time of Death 0105
4a. Facility Name FREDERICK MEMORIAL HOSPITAL		4b. City, Town or Location of Death FREDERICK	4c. County of Death FREDERICK
5. Social Security Number	6. Sex F	7. Age	8. Date of Birth
9. Birthplace			
Usual Residence of Decedent 10a. State	10b. County	10c. City, Town or Location	10d. Inside City Limits?
10e. Address			10f. Zip Code
11. Marital Status	12. Ever in U.S. Armed Forces?	13. Hispanic Origin?	14. Race
15. Decedent's Education		16a. Decedent's Usual Occupation	16b. Business/Industry
17. Father's Name		18. Mother's Name Prior to First Marriage	
19. Surviving Spouse's Name			
20a. Informant's Name		20b. Informant's Relationship	20c. Informant's Mailing Address

WORKING COPY

Referring a Case to the Medical Examiner

The following conditions and types of deaths might seem to be specific or natural, but may be from complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

- Asphyxia
- Epidural hematoma
- Bolus
- Exsanguination
- Choking
- Fall
- Drug or alcohol overdose/drug or alcohol abuse
- Fracture
- Hip fracture
- Pulmonary emboli
- Subdural hematoma
- Hyperthermia
- Seizure disorder
- Surgery
- Hypothermia
- Sepsis
- Thermal burns/chemical burns
- Open reduction of fracture
- Subarachnoid hemorrhage

1.) In order to refer the record to the ME, click on “Certificate Options”

The screenshot shows the Maryland Electronic Death Registration System interface. The top navigation bar includes 'Certificates', 'Reporting', and 'Help References'. Below this, there are tabs for 'Certificate Options', 'Permit Options', and 'Validation', along with a 'Save [F8]' button. The 'Certificate Options' dropdown menu is open, displaying various actions such as 'View Status', 'Save', 'Attach Certificate Image', 'Browse Attachments', 'Abandon Certificate', 'Grant Access', 'Refer to ME', 'Attest Certifier', 'Request MI Review', 'Edit Decedent Name', 'Edit Date of Death', 'Exit Electronic Workflow', and 'Print Working Copy'. A red arrow points to the 'Certificate Options' tab. The main form area displays fields for 'Middle Name: -', 'Last Name: DEER', '2. Date of Death: 09/01/2017', and '6. Sex: FEMALE'. Below these fields, there are sections for 'First Name', 'Middle Name', 'Last Name', 'Suffix', and 'Last (Birth) Name', each with a question mark icon. The 'FEMALE' sex is highlighted in blue. The 'US STATE' address type is also visible.

2.) Click on “Refer to ME”

This screenshot shows the same Maryland Electronic Death Registration System interface as the previous one, but with the 'Refer to ME' option selected in the 'Certificate Options' dropdown menu. A red arrow points to the 'Refer to ME' option. The main form area displays fields for 'Middle Name: -', 'Last Name: DEER', '2. Date of Death: 09/01/2017', and '6. Sex: FEMALE'. Below these fields, there are sections for 'First Name', 'Middle Name', 'Last Name', 'Suffix', and 'Last (Birth) Name', each with a question mark icon. The 'FEMALE' sex is highlighted in blue. The 'US STATE' address type is also visible.

3.) Select the reason for referral in the drop down list

Maryland Electronic Death Registration System

Certificates Reporting Help References

Refer to Medical Examiner

To refer this certificate to the Medical Examiner, enter a referral reason.

1. First Name: JENNIFER Middle Name: - Last Name: DEER 2. Date of Death: 09/01/2017 6. Sex: FEMALE

Please select or enter the reason for referral.

Referral Reason:

- Acute alcoholism
- Aspiration
- Communicable Disease, Reportable
- Cutting
- Death in whole or in part by criminal means
- Deaths associated with known or alleged rape or or
- Deaths caused by a criminal act of another
- Deaths due to communicable/contagious disease and
- Deaths due to occupational diseases or occupations
- Deaths due to old or recent injuries or accidents
- Deaths in prison or while under sentence
- Deaths to patients in state hospitals serving the
- Drowning
- Drug addiction
- Exposure
- Fire
- Gunshot
- Hanging
- Known or suspect criminal abortions

MD-EDRS 2015

[Help](#) | [About MD-EDRS](#) | [Privacy Policy](#)

4.) Once the referral reason has been selected from the drop down menu, the referral reason will pre-populate in the first field.

5.) Click on the “Continue” button.

Maryland Electronic Death Registration System

Certificates Reporting Help References

Refer to Medical Examiner

To refer this certificate to the Medical Examiner, enter a referral reason.

1. First Name: JENNIFER Middle Name: - Last Name: DEER 2. Date of Death: 09/01/2017 6. Sex: FEMALE

Please select or enter the reason for referral.

Referral Reason:

MD-EDRS 2015

6.) You will then receive the “Successfully referred certificate to the Medical Examiner’s Office” message.

Maryland Electronic Death Registration System

Certificates Reporting Help References

1. First Name: JENNIFER Middle Name: - Last Name: DEER 2. Date of Death: 09/01/2017 6. Sex: FEMALE Certificate: 1

Successfully referred certificate to the Medical Examiner's office.

Help Desk Support

MD-EDRS technical support is available by email: Email questions to edrs.help@maryland.gov

You will receive a response within one hour for messages received between 8 am and 4 pm, Monday - Friday. For emergencies on weekends and State Holidays, you will receive a response within four hours for email messages received between 7 am and 7 pm.